Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5/25/10</u>	Address:	9 th Rd, west of Quince
Case #:	<u>24-31505</u>		Marshall County
County:	<u>Marshall</u>		<u>IN</u>
Type of Laboratory Seizure (check one) Operational Lab		Seizure Location (check all that apply) Residence Hotel/Motel	
	al/Glassware/Equipment (only) te (only)	☐ Outbuilding☑ Vehicle	✓ Open – No Structure✓ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Assist Plymouth PD cies that serve the location:	
Health Dep	ment: Plymouth FD artment: Marshall County HD ction Service:	Fax: <u>574-9</u> Fax: <u>(574)</u> Fax:	936-9247
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.